Patient-Centered Prevention Counseling

A New Paradigm for Population Health Improvement

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Learning Objectives

Following the presentation, participants will be able to:

- define the goal of patient-centered prevention counseling
- state the rationale for focusing on the patient
- assist the patient in developing a personalized action plan for behavioral risk reduction

Quotation

**If I'd known I was going to live so long
I'd have taken better care of myself.**

~Leon Eldred

Historical Perspective

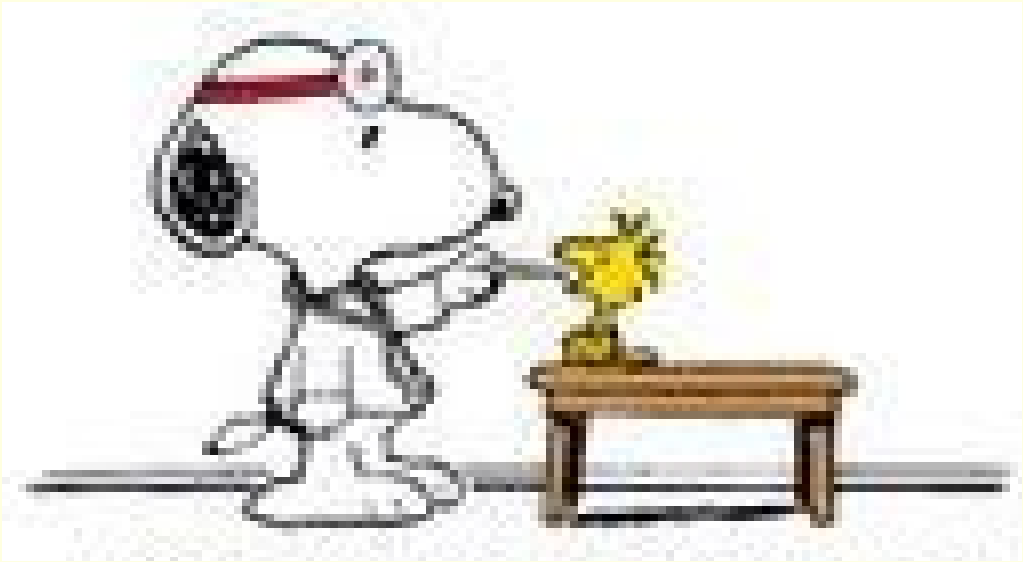
Presentation Overview

- Define patient-centered prevention counseling
- Discuss behavioral theories
- Justify approach
- Present potential benefits
- Pose challenges to providers and patients
- Discuss incentives and barriers to behavior change
- Evidence-based support
- Identify key concepts and skills
- Present overview of stepwise approach

Definition

Patient-Centered Prevention Counseling is an exchange of ideas between patient and provider that focuses on the needs and circumstances of the patient to support behavior change that will reduce or eliminate risk of disease or injury.

Provider-Patient Relationship



A long term relationship with your primary care doctor can result in better overall family health…

Health Education Theories

- Individual Theories
  - Health Belief Model
  - Theory of Reasoned Action/Planned Behavior
- Interpersonal Theories
  - Social Cognitive Theory
  - Locus of Control
- Social Systems Theories
  - General Systems Theory
  - Systems Thinking
- Stage Theories
  - Transtheoretical Model

  (Stages of Change Theory)

Transtheoretical Model (Stages of Change)

- **Precontemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**
- **Termination**

Precontemplation

People are not intending to take action in the foreseeable future.

The provider should:

- Acknowledge concerns
- Provide information and feedback
- Introduce ambivalence
- Discuss change
- Increase perception of risks and problems

Contemplation

People are thinking about change but are not ready for action; people are intending to change in the next six months; they are more aware of the pros of changing but are also acutely aware of the cons.

The provider should:

- Discuss reasons for change and risks of not changing (benefits and barriers)
- Increase self-confidence
- Tip the balance for change
- Review barriers

Preparation

People are intending to take action in the immediate future (w/in 30 days).

The provider should:

- Support motivation and change
- Find change strategies
- Resolve ambivalence

Action

Target behavior has been modified and people are working to prevent relapse.

The provider should:

- Reaffirm commitment
- Identify triggers & coping skills
- Identify self-defeating behaviors
- Resolve associated problems
- Provide support

Maintenance

Overt behavior is unlikely to return, and there is confidence that you can cope without tear of relapse.

The provider should:

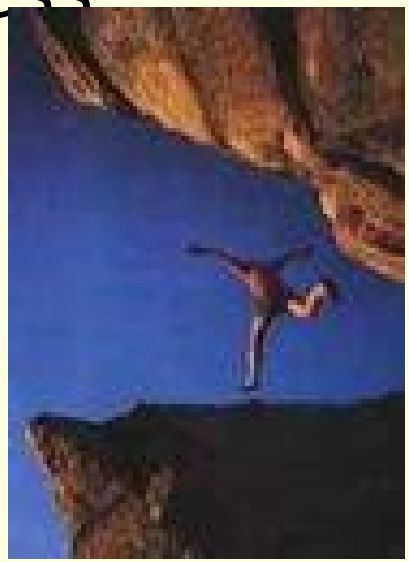
- Reinforce maintenance activities

Relapse

Progress through the stages of change is usually not a smooth, steady process; rather, it jerks forward and even backward.

Support for a Patient-Centered Approach

- IOM Report Recommendations
- Changing demographics
- Evidence-base of effectiveness



Potential Benefit: Prevent or delay problems

- Heart disease
- Cancer
- Stroke
- Respiratory disease
- Unintentional injury
- Diabetes

Potential Benefit: Reduce healthcare costs

- Aging population
- People living longer
- High prevalence of chronic disease
- Preventable or delayable

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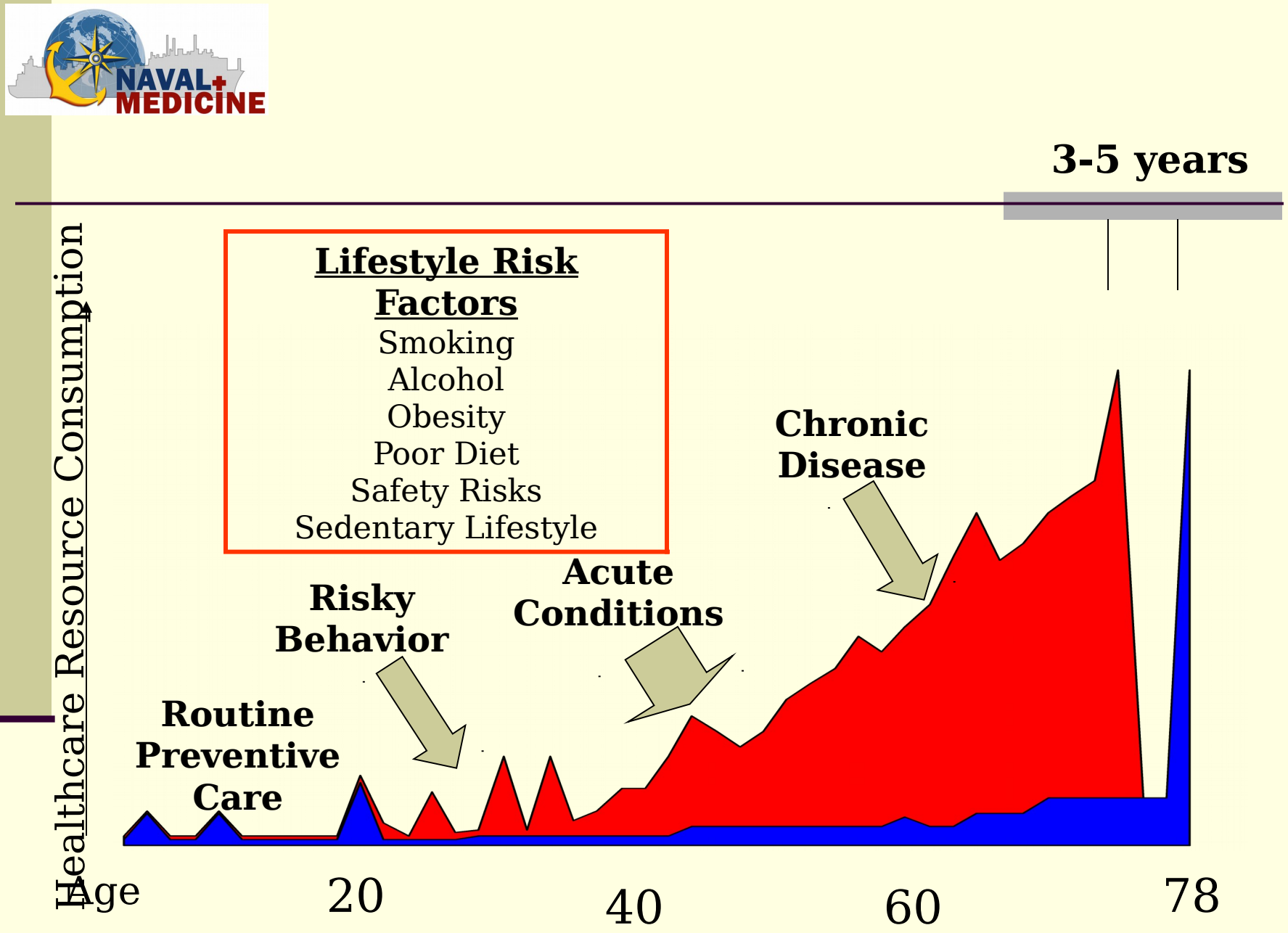

3-5 years
Lifestyle Risk Factors
Smoking
Alcohol
Obesity
Poor Diet
Safety Risks
Sedentary Lifestyle
Chronic Disease
Acute Conditions
Risky Behavior
Routine Preventive Care
Healthcare Resource Consumption
Age
20
40
60
78

Potential Benefit: Empower healthcare consumer

Today's low utilizers of health care services can become tomorrow's high utilizers if their current needs are not effectively addressed.

~Seidman and Wallace

Challenges for Providers

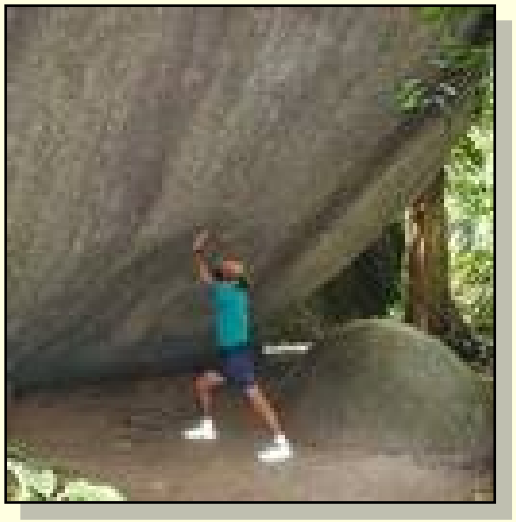
- Lack of time
- Lack of skills
- Lack of desire
- Loss of authority
- Disincentives

Challenges for Patients

- Change is difficult
- Lack of skills
- Social and environmental support

Identify Incentives / Barriers to Change

- **Knowledge**
- **Perceived Risk**
- **Perceived Consequences**
- **Access**
- **Skills**
- **Self-efficacy**
- **Actual Consequences**
- **Attitudes**
- **Intentions**
- **Perceived Social Norms**
- **Policy**



Terminology

Patient-Centered: providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Provider-Centered: providing care that is prescriptive; one approach that is therapeutically correct.

Terminology

Risk Elimination: actions that eliminate risk

Risk Reduction: select those actions the individual is willing and able to do that decrease the likelihood of disease or injury.

Terminology

Counseling: tailoring strategies that best fit an individual's skills, attitudes, and beliefs

Prescribing: directing a course of action to be followed

Essential Concepts

- Focus on Feelings
- Manage Your Own Discomfort
- Establish Roles and Responsibilities

Essential Skills

- Ask Open-Ended Questions
- Attend to the Patient
- Offer Options, Not Directives
- Give Information Simply

Overview of Steps

1. Establish the relationship and set the tone
2. Identify risk behaviors and circumstances
3. Identify the patient's readiness to change
4. Identify incentives and barriers to change
5. Identify healthier goal behaviors
6. Develop a personalized Action Plan
7. Make effective referrals
8. Summarize and close the session

Step 1: Introduce and Orient the Patient

- Sets the tone
- Relaxes the patient
- Encourages dialogue
- Allows for disclosure

Step 2: Identify Risk Behaviors and Circumstances

- Prompt with clear, direct questions
- Remain non-judgmental
- Ask good open-ended questions
- Listen!
- Identify environmental factors and circumstances

Step 3: Identify the patient's readiness to change

- Don't assume patient is ready for "Action"
- Goal is to move forward to next stage
- Tailor discussion to current stage
- Provide validation for progress

Step 4: Identify incentives and barriers to change

- Identify key determinants of change
- Factors can be either incentives or barriers
- Reinforce incentives; overcome barriers

Step 5: Identify healthier goal behaviors

- Patient's goal behavior; not provider's goal
- Risk elimination may not be feasible
- Reinforce risk reduction

Step 6: Develop a personalized Action Plan

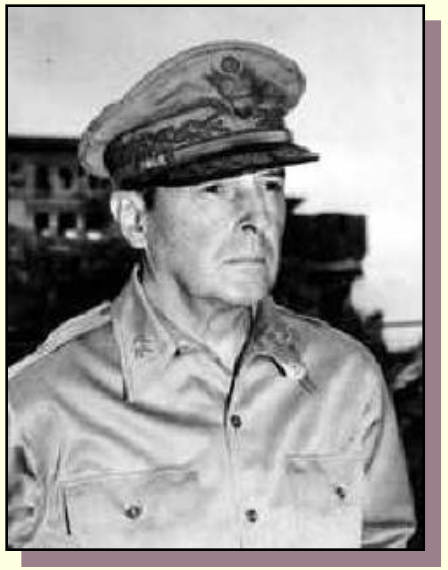
- Must be specific! And detailed!
- Consider triggers and coping mechanisms
- Consider Who, Where, When, How, etc.

Step 7: Make effective referrals

- Know when to refer
- Help the patient define priorities
- Discuss and offer options
- Offer the referral
- Refer to known and trusted sources
- Assess the patient's response
- Facilitate an active referral

Step 8: Summarize and close the session

- Concise closing statement
- Closed-ended questions
- “Letting-go”
- Unaccomplished business

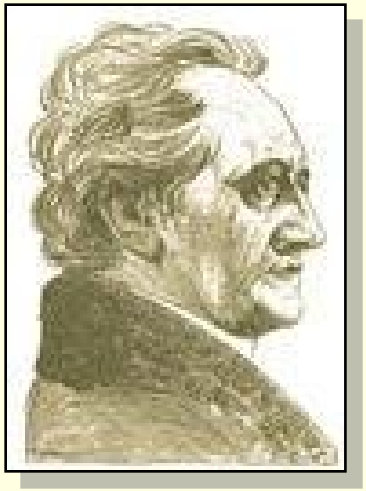


Summary

- Restate the goal
- Paradigm shift
- Efficacy of patient-centered interventions
- Stress that this counseling process is a learned skill

Conclusion

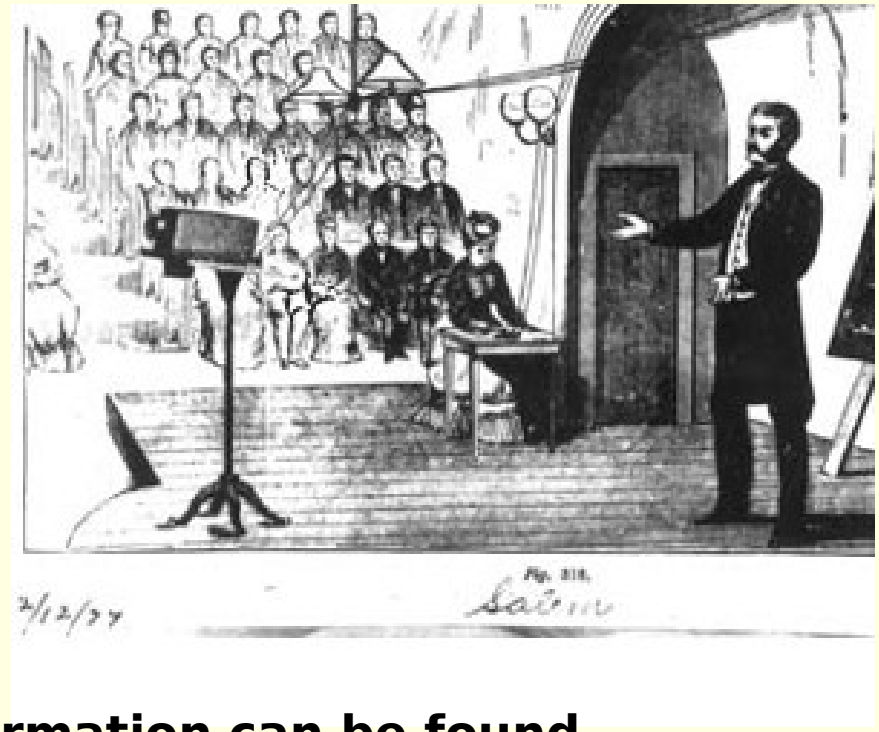
- “Knowing is not enough..
  We must apply.”
  ~Goethe



Bibliography

Provided as an attachment to this ppt. presentation

Thank You. Questions?



Further information can be found at
www-nehc.med.navy.mil/hp or
757-953-0962 (DSN 377)

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